

2025 Gender, Ethnicity and Disability Pay Gap

1. CONTEXT & DEFINITIONS

1.1 UK law requires businesses with over 250 employees to annually publish statutory calculations detailing the size of the pay gap between their female and male employees. The related regulations for public sector bodies took effect from March 2017 and the Trust has complied since then.

1.2 The Government has required subsequent reporting to be published on both organisations' and the Government's websites by 30 March annually. The data is based on a snapshot of the workforce from a required date the previous year. The disability and ethnic pay gap is not yet legally mandated for reporting, and the Trust has commenced including these pay gaps as good practice in advance of the forthcoming legislative changes. This report is based on 2025 data drawn from the Trust's ESR.

1.3 The annual results must be accompanied by a written statement of confirmation from the Chief Executive or another appropriate person. The Trust has historically made this statement from the Board. Any actions should also be published outlining how the organisation plans to continue reducing the gap.

1.4 Importantly, and often misunderstood, **gender pay gap reporting is different to equal pay**. This is important and often a point of confusion and misunderstanding. An explanation is outlined below. Similar interpretations apply to the disability and ethnicity pay gaps:

- **Equal pay** covers with the **difference in pay between men and women doing the same or similar jobs or jobs of equal value**. It has been unlawful to pay people unequally because of gender since the Equal Pay Act 1970. The Act and subsequent amendments prohibit less favourable treatment between men and women in terms of pay and conditions.
- **This differs from the gender pay gap** which **shows the difference in the average (or mean) pay** between men and women in the workforce. If the workforce has a high gender pay gap, this can indicate several issues, and the individual calculation can help to identify what these issues are.

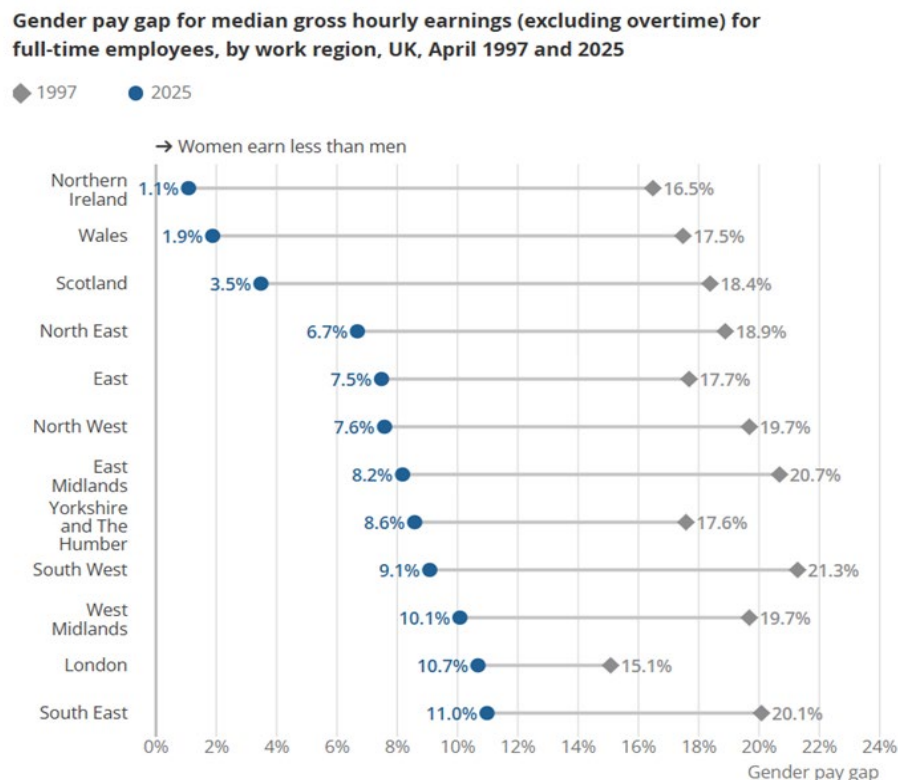
1.5 National NHS AfC terms and conditions contain the pay and conditions of service for NHS colleagues other than VSMs, medical and dental colleagues. Most colleagues are employed on these national NHS terms and conditions, and the terms were introduced in 2004 with the express intention of removing pay inequalities. They cover over 1 million workers and harmonise banding and career progression arrangements across previously separate pay groups. Colleagues are expected to progress through pay bands irrespective of gender or any other protected characteristic. The AfC job evaluation process enables posts to be "matched" to national job profiles, allowing employers to evaluate jobs locally with trained evaluators to determine which pay band posts should sit.

1.6 Medical and Dental colleagues have different terms and conditions, depending upon their seniority. However, these are also based on principles of equality and are set across several pay scales for basic pay, which have varying thresholds within them.

1.7 Directors have been appointed on similar equal opportunity job evaluation methods, informed previously by the national NHS Improvement VSM Guidance, replaced in 2025 by the VSM Pay Framework and benchmarked using national surveys, regional and local labour market data.

1.8 By means of wider context, the national gender pay gap continues to vary substantially between regions. Regional variations in the gender pay gap are likely to be caused by differences in education, societal factors, the types of jobs and industries.

1.9 The national gender pay gap has been declining slowly over time; over the last decade it has fallen by approximately a quarter among full-time employees. In April 2024, the gender pay gap among full-time employees was higher in every English region than in Wales, Scotland, or Northern Ireland. The details can be seen in the following chart.



Source: Office for National Statistics

1.10 Pay gap drivers continue to be multifactorial, and evidence shows how much further improvement is needed to remove the pay gap within the Trust, the wider NHS, and the United Kingdom.

1.11 The UK government is currently progressing the **Equality (Race and Disability) Bill**, which aims to bring the Disability and Ethnicity pay gap requirements in line with Gender reporting.

2. PAY GAP INDICATORS

2.1 Using the guidance, this paper reports on:

1. The **mean** (i.e. average) and **median** (i.e. the mid-point) pay gap based on hourly rates of ordinary pay at the snap-shot date in relation to Gender, Ethnicity and Disability.
2. The **difference between the mean and median hourly rate** of ordinary pay at the snap-shot date in relation to Gender, Ethnicity and Disability.
3. The **proportion of colleagues in each pay quartile band** by hourly rates of pay at the snap-shot date in relation to Gender, Ethnicity and Disability.
4. The **mean and median bonus pay gap based on the bonus** paid at the snap-shot date in relation to Gender, Ethnicity and Disability.
5. The **proportion of colleagues receiving a bonus payment** at the snap-shot date in relation to Gender, Ethnicity and Disability.

2.2 It should be noted that following the national removal of the previous LCEAs in 2024, Consultant Medical colleagues are now the only employees receiving bonus payments within the Trust in the form legacy LCEAs and the new NCIAs. The decisions on these awards sit outside the Trust's processes and circles of control.

3. WORKFORCE DEMOGRAPHICS

3.1 As of the requisite 2025 reporting date, the Trust had a total of 5176 substantive colleagues (headcount). The tables below show the percentages of colleagues in relation to Gender, Ethnicity and Disability. This provides a context to view the pay gaps.



3.2 GHC's workforce consisted of 84% women and 16% men. This reflects the overall gender demographics nationally in the NHS. In the Trust women and men are represented across all pay bandings, including at VSM levels where they outnumber men.

3.3 GHC's ethnic minority workforce population was 11.7%. In comparison to the overall ethnic population of 6.9% in Gloucestershire, (data from the latest census and [Gloucestershire County Council Population Profile 2025 overview](#), the Trust

has higher representation overall. Gloucestershire non-white ethnicity remains well below the national average of 19% although this is expected to grow by the next census results.

3.4 At the reporting time GHC had a people with disabilities workforce population of 7.5%. Data derived from the Gloucestershire County Council Population Profile overview shows that the percentage of population of people with disabilities within our area of coverage is 16.8%, therefore we do not have proportional representation of in our organisation. While reporting is improving over time, this is likely to due to the on-going challenges of colleagues declaring a disability through ESR, despite regular communication reminders.

4. GENDER PAY GAP ANALYSIS

Table 1 – Employees by assignment.

AfC Pay Grade	Totals			
	Female	% makeup	Male	% makeup
Band 1	11	92%	1	8%
Band 2	368	83%	76	17%
Band 3	1035	82%	228	18%
Band 4	543	84%	103	16%
Band 5	937	87%	137	13%
Band 6	1143	86%	186	14%
Band 7	570	83%	119	17%
Band 8 - Range A	175	81%	42	19%
Band 8 - Range B	66	79%	18	21%
Band 8 - Range C	10	67%	5	33%
Band 8 - Range D	8	50%	8	50%
Band 9	4	80%	1	20%
Other	146	57%	111	43%
Totals	5016	83%	1035	17%

4.1 The percentages in table 1 above remain similar to previous years' data 84% women and 16% men.

4.2 NB Band 1 roles are part-time roles in Facilities. While all Trusts have previously closed entrance to new Band 1 roles, in line with national terms, all these colleagues were given the option to accept Band 2 roles. Across NHS Trusts a small number of Band 1 colleagues rejected this offer, as it meant they would lose benefits and be made worse off from a pay rise. GHC colleagues in this situation are provided with an annual review opportunity with their manager and HR to reconsider accepting a Band 2 role.

Table 2– Average & Median Hourly Rates – all eligible staff & pay schemes

Gender	Avg. Hourly Rate '25	Avg. Hourly Rate '24	Median Hourly Rate '25	Median Hourly Rate '24
Female	£20.43	£19.16	£19.09	£18.09
Male	£23.19	£21.77	£20.03	£19.10
Difference	£2.77	£2.61	£0.94	£1.00
Pay Gap %	11.90%	11.99%	4.68%	5.27%

4.3 The figures in Table 2 above show minor changes in the average hourly and median gender pay gaps over the previous year's reporting period.

Table 3 – Number of employees – Q1 = Low, Q4 = High

Quartile	Female	Male	Female %	Male %
1	1,247 (1,111)	216 (185)	85 (86)	15 (14)
2	1,287 (1,069)	273 (202)	83 (84)	17 (16)
3	1,257 (1,126)	238 (199)	84 (85)	16 (15)
4	1,225 (1,026)	308 (272)	80 (79)	20 (21)

(Previous year's figures in brackets)

4.4 Table 3 above shows that whilst overall numbers have increased, there remains a reasonably static workforce percentage in relation to gender breakdown.

Table 4 – Average Bonus* Gender Pay Gap

Gender	Avg Bonus Pay '25	Avg. Pay '24	Median Bonus Pay '25	Median Bonus Pay '24
Male	£7,663.93	£9,480.54	£3,909.16	£7,540.02
Female	£3,992.29	£9,463.81	£2,625.45	£9,418.54
Difference	-£3,671.64	-£16.72	-£1,284.71	-£1,878.53
Pay Gap %	47.91%	-0.18%	32.86%	-24.91%

4.5 The figures in table 4 above illustrate that LCEAs have ended, with the final round being paid during 2024/25, unusually increasing the bonus pay gap, with no further applications permitted. While opportunities for NCIA's continue for a few, the Trust has no colleagues in receipt of these and control or role in these decisions.

Table 5 – Proportion of Men & Women receiving a bonus against overall totals

Year	Total	Gender		% of total		Number receiving a bonus		% receiving bonus	
		Male	Female	Male	Female	Male	Female	Male	Female
2024	146	59	87	40%	60%	16	5	11%	3%
2025	173	77	96	45%	55%	27	25	35%	26%

4.6 As part of previous pay gap actions agreed earlier by GPTWC and the Board, the Trust continues to communicate and encourage NQIA applications from women, ethnic minorities and colleagues with a disability, offering training and support to maximise the likelihood of an award. However, applications are likely to remain tiny if not at zero due to the need evidence sizeable regional, national, or international roles, or significant research, development or innovation to win an award.

4.7 It was noted at earlier GPTW meetings that using mean and median pay rates by gender could be misleading, particularly as one gender constitutes the majority of the workforce. Given most Trust colleagues are paid according to AfC pay scales, it was agreed that pay gap differences should also be reported by pay band, and this is now possible with new ESR reporting tools. Breaking down the salary distribution into these smaller, more specific groups allows us to see whether a gender pay gap exists at particular pay levels, independent of overall gender representation.

Table 6 - Gender Pay Gaps Within Bands

AfC Pay Grade	Female	Male	Difference	Pay Gap %
Band 1	13.99	12.08	-1.91	-15.83
Band 2	13.12	13.17	0.05	0.36
Band 3	14.37	15.09	0.72	4.80
Band 4	14.55	14.51	-0.05	-0.33
Band 5	18.29	17.91	-0.37	-2.09
Band 6	21.93	22.19	0.26	1.17
Band 7	25.72	25.94	0.23	0.88
Band 8 - Range A	29.19	28.98	-0.21	-0.73
Band 8 - Range B	33.53	34.56	1.02	2.96
Band 8 - Range C	41.81	40.77	-1.04	-2.55
Band 8 - Range D	47.51	48.75	1.25	2.56
Band 9	54.20	62.02	7.82	12.61
Other	41.20	43.19	1.99	4.61

4.8 When considered against the gender/tiers shown in **Table 1**, the data shows most pay bands show minimal gender pay gaps, with some even favouring women (e.g., Band 1, 4, and 5).

- **Lower AfC bands (Bands 1–4) are heavily female-dominated:**
 - Example: Band 3 Tier 1 = 624 females vs 93 males. *Please see section H of 7.2 below for further feedback on this point from the Women’s Leadership Network.*
- **Mid-level bands (Bands 5–7) remain female-dominated but with increasing male representation at higher tiers.**
 - Example: Band 6 Tier 3 = 738 females vs 114 males.
- **Senior bands (Band 8 & 9) show a clear shift toward male representation, despite smaller overall numbers:**
 - Band 8B = 66 females vs 18 males
 - Band 9 = 4 females vs 1 male

- **Band 9 has the largest pay gap (12.61%), which closely mirrors the overall gap of 11.84%.** (Note the male colleague is the only worker on top of band due to a significant length of service)
- **High male representation in top-paying roles**, e.g. at Band 8, 9 and Director level, even in small numbers, significantly skews average male pay upward.
- **The overall 11.91% gender pay gap is driven by workforce distribution, not unequal pay for equal work.**

4.9 In summary, pay band analysis provides a clearer picture, revealing that the issue is structural imbalance – more women in lower bands and more men in senior, higher-paid positions.

5. ETHNICITY PAY GAP

5.1 As shown in Table 7 below, **the mean Ethnicity pay gap is at 3.55% in favour of ethnic minority colleagues** which reflects a greater proportion of these colleagues in higher-paid roles, particularly within Medical and Dental.

5.2 However, **the median hourly rate of 0.75% is slightly higher for White colleagues**, suggesting that White colleagues may be more evenly spread across mid-paying roles, while those from an ethnic minority may be concentrated at both higher and lower ends of the pay spectrum.

5.3 The difference in pay is small at the median, indicating no substantial ethnic pay disparity when looking at the typical employee in each group.

5.4 The much larger size of the White workforce (approx. 7x that of ethnic minorities) means that even minor changes in role distribution or pay can have a large impact on the overall averages.

Table 7 – Ethnicity Group Average & Median Hourly Rates – all eligible staff & pay schemes

Ethnic Origin Grouping Summary	Avg. Hourly Rate	Median Hourly Rate
BME	£21.49 (£19.88)	£18.95 (£17.97)
White	£20.76 (£19.41)	£19.09 (£18.09)
Difference	£3.43 (£-0.47)	-£0.14 (£0.12)
Ethnicity Pay Gap %	3.55% (-2.41%)	-0.75% (0.67%)

Table 8 – Number of employees by Ethnicity group – Q1 = Low, Q4 = High

Quartile	Asian	Black	Mixed	Not Stated	Other	White British	White Other
1	70 (57)	48 (38)	18 (18)	13 (17)	10 (7)	1,087 (1097)	68 (62)
2	80 (82)	81 (70)	26 (21)	26 (17)	4 (6)	999 (995)	69 (79)
3	81 (73)	78 (58)	19 (20)	22 (28)	6 (6)	1,123 (1092)	64 (48)
4	66 (54)	47 (42)	24 (26)	24 (25)	8 (9)	1105 (1083)	59 (57)

5.5 The data in table 8 shows the detailed 2025 ethnicity headcount split, this is the second year of reporting, previous year in brackets. The data shows that ethnic diversity has improved year-on-year, particularly for Black and Asian staff, with increases across all quartiles—a sign of progress toward equitable representation. The growth in Q4 numbers for ethnic minority colleagues (especially Asian and Black) shows greater penetration into higher pay bands than in the previous year.

Table 9 – Proportion of BAME/White receiving a bonus against overall totals

Ethnicity Group	Average Bonus Pay '25	Median Bonus '25
BAME	£5084.37 (£7,854.79)	£2624.45 (£6,032.04)
White	£5611.89 (£11,440.87)	£2624.45 (£9,233.27)
Difference	-£527.52 (£3,586.08)	£0.00 (£3,201.23)
Pay Gap %	-9.86% (-31.34%)	0.00% (-34.67%)

5.6 The narrowing bonus pay gap is encouraging, particularly the achievement of median parity. However, because this was the last year of the scheme, results are solely influenced by the wind-down of the programme, not long-term systemic change or matters within the Trust control. It is important to ensure that any future recognition or incentive schemes are designed with equity at the core, so this progress is sustained or improved going forward.

Table 10 - Proportion of those eligible receiving a bonus against the overall totals by ethnicity

Ethnic Origin	Employees Paid Bonus	Total Relevant Employees	%
A White - British	23.00	112.00	20.54
B White - Irish		1.00	-
C White - Any other White background	8.00	20.00	40.00
D Mixed - White & Black Caribbean		1.00	-
E Mixed - White & Black African		1.00	-
F Mixed - White & Asian		4.00	-
G Mixed - Any other mixed background		3.00	-
H Asian or Asian British - Indian	8.00	31.00	25.81
J Asian or Asian British - Pakistani	4.00	7.00	57.14
K Asian or Asian British - Bangladeshi		3.00	-
L Asian or Asian British - Any other Asian background	1.00	8.00	12.50
M Black or Black British - Caribbean		1.00	-
N Black or Black British - African	1.00	10.00	10.00
P Black or Black British - Any other Black background		0.00	-
R Chinese	2.00	3.00	66.67
S Any Other Ethnic Group	1.00	7.00	14.29
SE Other Specified	1.00	1.00	100.00
Z Not Stated	3.00	14.00	21.43

6. DISABILITY PAY GAP

6.1 The **disability pay gap has shifted from positive to negative**, now showing:

- An 8.48% average pay gap and
- A 6.78% median pay gap in favour of non-disabled employees.

6.2 This change is a reversal from last year, when the gap slightly favoured disabled colleagues.

Table 11 – Disability Average & Median Hourly Rates – all eligible colleagues & pay schemes

Disability	Avg. Hourly Rate	Median Hourly Rate
No	£20.98 (£19.03)	£20.77 (£17.69)
Yes	£19.20 (£17.66)	£19.36 (£16.47)
Difference	£-1.78 (£1.37)	£1.41 (£1.22)
Disability Pay Gap %	-8.48% (7.20%)	-6.78% (6.90%)

6.3 Data below shows the 2025 Disability headcount split. The table shows the proportion of colleagues in four pay quartiles by hourly rates of pay, ranked from the lowest hourly rate to the highest hourly rate.

Table 12 – Number of employees by Disability grouping – Q1 = Low, Q4 = High

Quartile	No	Not Declared	Prefer Not To Answer	Unspecified	Yes
1	1112 (1093)	84 (103)	5 (2)	12 (13)	101 (79)
2	1075 (998)	81 (94)	6 (3)	9 (16)	113 (72)
3	1195 (1039)	85 (99)	5 (3)	10 (8)	98 (77)
4	1140 (912)	102 (101)	4 (2)	12 (6)	74 (42)

6.4 There is evidence of improved disability declaration. Across all quartiles, the number of employees identifying as having a disability has increased significantly:

- Q1: +22
- Q2: +41
- Q3: +21
- Q4: +32

6.5 These increases occurred while:

- The number of "Not Declared" entries dropped or stayed flat,
- "Prefer Not to Answer" responses stayed low,
- "Unspecified" decreased or remained stable.

6.6 The reversal of the disability pay gap (from +7.2% to -8.48%) is likely to have been influenced by better representation and improved reporting, rather than a worsening approach to pay equity. The reporting improvements are a positive sign of increased trust and disclosure but also means that future comparisons should try to account for changes in reporting behaviour. Real progress on equity must be measured from accurate and as complete as possible data baselines.

Table 13 – Proportion of those recorded of having a Disability or not receiving a bonus

Disability	Average Bonus Pay '24/25	Median Bonus '24/25
No	£6,459.46 (£9,958.99)	£2624.45 (£9,048.00)
Yes	£8,656.49 (£6,032.04)	£8,656.49 (£6,032.04)
Difference	£2197.03(-£3,926.95)	-£6,032.04 (£3,015.96)
Pay Gap %	29.07% (-39.43%)	106.94% (-33.33%)

6.7 The **mean bonus pay gap is 29.07% in favour of colleagues who have declared a disability**, and the **median bonus pay gap is 106.94%, also in favour of disabled colleagues**. However, it is important to note that only one colleague with a declared disability received a bonus, compared to 46 colleagues without a declared disability.

6.8 This significant shift from last year's gap (which favoured non-disabled colleagues) is not a meaningful indicator of pay equity, but rather a statistical anomaly driven by the tiny sample size. The figures are distorted by a single high-value bonus, and do not reflect a wider trend or systemic improvement.

7. CONCLUSIONS & NEXT STEPS

7.1 Conclusions

7.1.1 The headline figure based on all eligible Trust employees and pay schemes **indicated that the gender pay gap continues to slowly close**, and, that **women are paid 11.91% less on average than men against a previous year of 11.99%**. Longitudinal trend data is shown below, however, at this rate, it would take at least another decade for the mean gender pay gap to be neutralised. Similar assessments can be given in varying degrees to the disability and ethnicity pay gaps.

Table 14 – Gender Pay Gap Trend - Mean percentages

Gender Pay Gap Trend - Mean percentages						
	2020	2021	2022	2023	2024	2025
Mean GPG in favour of men	18.63%	17.09%	15.13%	12.42%	11.99%	11.91%

7.1.2 The Trust's **median** (middle point) **earnings gaps stands at 5.27%**, trend data shown below.

Table 15 – Gender Pay Gap Trend – Median percentages

Gender Pay Gap Trend - Median percentages						
	2020	2021	2022	2023	2024	2025
Median GPG in favour of men	7.55%	4.31%	7.09%	4.72%	5.27%	4.68%

7.1.3 The median gender pay gap is likely to take longer than the mean pay gap to be neutralised.

7.1.4 The data indicates that in 2025 some 84% (84% also in 2024) of GHC's substantive workforce were women. An analysis would expect to show this is broadly reflected in each of the Agenda for Change pay bands, Medical and Dental pay and VSM / Executive Board level pay. However, it is also noted that there has been some growth in the lowest quartile, with the Trust employing more males at lower bands.

7.1.5 While seeing minor improvements (with the exception of the bonus / LCEA issue), as with previous years, the gender split in the pay bands still suggests that there is less opportunity for women in more senior roles and/or that jobs for this group are less attractive. The appointment of three women Directors in 2024 and some other key senior appointments will continue to positively impact the gap assuming stability and future appointments present further opportunities.

7.1.6 However, even allowing for the availability of promotional opportunities, the pay gap will only close gradually due to a wide range of contributory factors including incremental pay progression, student pipeline recruitment changes (via HEIs and how they recruit and retain students) and with further significant shifts in the number of senior and very senior management and clinical appointments.

7.1.7 In light of the Trust's student labour pipeline, with associated training time and the subsequent career progression timeframes, it takes years to be trained and to rise through pay bands. The term 'feminisation of the medical workforce' was used increasingly from the mid-1990s as a driver for change. 2017 was originally forecast as the year that the number of women on the medical register would exceed the number of men. But despite this, except for Scotland, this has still not happened. That is despite the GMC's "The state of medical education and practice in the UK" reporting confirming that there are now more than 60% of medical students who are women, and, at the other end, older, mainly male, doctors are retiring. The most recent GMC report confirms the national Medical Register is slowly changing and now nearly equal, with 49% women and 51% men. This is likely to improve further with older men retiring.

7.1.8 Improvement interventions contained in last year's report, including better flexible working and wider choices about career breaks, alternative working patterns, turnover, positive action in targeted recruitment advertising -- particularly for senior levels-- will all continue to factor into this, alongside improved gender ratios in our apprenticeship and degree supply chain, particularly in medical school, nursing and allied health professionals.

7.1.9 The Trust has regularly stated its full commitment to equality of opportunity across the whole organisation and should recognise from the most recent data that there remains much further work to be done to close the pay gaps. Our experience shows that progress will not be achieved quickly or exclusively by internal organisational actions, requiring a wider shift in education policies, societal attitudes and behaviours. However, there are clear actions the Trust can continue to take to make inroads on the gaps.

7.2 Current Actions & Next Steps

7.21 Reducing the combined Gender, Ethnicity and Disability related pay gaps is a long-term ambition and not a simple goal which can be achieved quickly. Incremental improvements will only be possible through sustainable actions over time.

7.22 In addressing the pay gaps, the Trust will progress the following actions:

- A. **Diversity Network** – As with previous years, continuing to share pay gap reporting, progress and opportunities with the networks, for views, support and ideas. For example, the Director of HR & OD attended two engagement sessions with the Women's Leadership Network (WLN) in 2025. Following these, Tanya Stacey, Quality Improvement Manager, and Chair of the Women's Leadership Network, is working with Andy Mills, Associate Director of Workforce, to further breakdown and analyse the gender pay gap across different data cuts, for example, broken down by sub directorates to better understand potential actions and to support strategic planning within the network and with targeted development opportunities. Depending on the outcome of this, if certain areas have larger gender pay gaps, then we will work with the network on targeted awareness raising and co-developing some related SMART metrics. This level of reporting has now been enabled by ESR

reporting developments not previously available. A similar deep data approach will be taken in Q1 2026/27 with the Race and Cultural Awareness Network and Disability Awareness after work has been piloted with Tanya and WLN colleagues.

- B. **Flexible Working** – Flexible Working options are proven to positively impact career development for disabled colleagues, single parents and women, who often bear the weight of child care. Our Flexible Working Policy was previously updated in for the 2024 Policy Manual launch. However, since then a new National NHS Flexible Working People Policy Framework was launched, and working in partnership with Staff Side, we have further improved the GHC approach. Additional factsheets, guides and action cards, annualised hours resources, Term-time only resources and Time off in Lieu (TOIL) guidance has been published at the end of 2025. We will continue to measure how colleagues rate us on this in the Staff Survey. In the latest survey colleagues rated GHC 4th in the South West region, so we have room for improvement.
- C. **Management & Leadership Development** – This is subject to the outcomes of the current Discovery Phase of the Leadership and Culture Programme Leadership workstream. However, targeted positive action will continue with management and leadership development training programme offers locally within the Trust and wider with the Leadership Academy regional and national programme. This will include further supported nominations to future Ready Now and Developing Aspirant Leaders (DAL) programmes, which support ethnic minority colleagues aspiring towards leadership roles. Trust colleagues have previously been supported through the latter programme, with one telling their story and the impact of the programme on their career at a GPTWC.
- D. **National Clinical Impact Award Bespoke Training & Buddying.** This support had to be paused pending the cessation of the previous LCEAs and introduction of the new NCIA process. This presents limited opportunity considering the very low historic success rate for Trust applicants but considering the values remains worthwhile.
- E. **Executive Succession Planning** - the Appointment and Terms of Service Committee has received annual succession planning and talent management updates for Executive roles, retention and recruitment, with a focus on equity and opportunities for positive action in recruitment. This will continue to be refreshed for 2026 with opportunities for improvement and positive action being considered through that process and with planned Executive recruitment (e.g. the Director Finance vacancy).
- F. **Continued targeted Positive Action in recruitment.** The Trust has and will continue to take [positive action](#) where the opportunities arise, particularly with senior posts. One of the actions the WLN asked the Trust to explore is why less men take on lower banded roles and whether the language in adverts, job titles and interviews might put them off. More men in lower pay bands has been modelled and shows that this would improve the gender pay gap. This

has been reviewed and changed advertising wording will continue to be used where under-representation is identified.

- G. **Inclusion Allies programme** – In 2025, after the conclusion of the last system-wide Reciprocal Mentoring Programme cohort, ICS partners were scoping the creation of a new “Inclusion Allies” programme. However, with the latest NHS clustering reconfigurations and additional savings targets, this has been paused. However, considering the evidence of career impact, this should remain a future priority, but one which will need to be revisited after the above change processes have completed and development budgets clearer.

8.0 EARLY ASSESSMENT FOR THE 2026 GENDER PAY GAP REPORT

8.1 Some early assessment on the Gender Pay Gap is suggesting there will be further improvements to be reported for the next reporting period. For example:-

- Mean (average) pay gap continues to narrow. The mean gap has reduced from 11.99% ('24) to 11.91% ('25) and now to 10.90% ('26) (a further 0.94 percentage point improvement year-on-year).
- Median pay gap shows stronger improvement. The median gap fell from 5.27% ('24) to 4.39% ('25) and now 2.79% ('26) (a 1.60 percentage point improvement versus last year).
- Female hourly rates have also grown faster year-on-year.
 - o Average hourly rate: Female up £0.89 (+4.4%) vs Male up £0.76 (+3.3%) from '25 to '26.
 - o Median hourly rate: Female up £0.69 (+3.6%) vs Male up £0.38 (+1.9%).

The higher growth in female pay is the primary driver of the reduced gaps.

- The direction of travel is generally positive across both measures. The data indicates sustained progress toward reducing the gender pay gap, with the median measure now below 3% and the mean nearing 10%.

9.0 RECOMMENDATIONS

9.1 The Great Place to Work Committee is asked to:

- **Note** the latest report, performance metrics, and related data set, and
- **Note** that the report and data will be published on the Trust website and the data submitted to the government website in advance of the March 2026 deadline (assuming Board approval),
- **Note** the current and future actions, and to
- **Note** that the next 2026 pay gap report will be presented to the Committee in June 2026.